STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	_{ist(s)} James Kok	oszyna		
II. Name of lobby Allergan U	ist's partnership, firm or	corporation, if any:		
	Name of partnership, firm or	cornoration)		, ,
	nip Way, Suite 2815	Sausalito	CA	04065
Business Address:	(Street)	(Town/City)		94965
	` '	•	(State)	(Zip Code)
(415) 903-2800 (415) 610 (Telephone)		(Fax)	e-mail	olíticomlaw.com
(Telephor	ie)	(Fax)		
	it covers: (Choose one – f se transactions which are			file a separate report fo
TEL AND TO A TO A				
	transactions occurring in the	e months prior to the rep	orting date relative to the	following client:
Allergan L	•			
O.D.	(Full Name of Client as	it appears on the Lobbyist	Registration Form)	
<u>OR</u>				
 All reportable to unrelated to any pa 	ransactions by the lobbyist rticular client.	(including the lobbyist's	s family), or the lobbying f	firm listed below which a
IV Data of Dane	4 A			
IV. Date of Repor Reports cover: a	April 26, 2017 \Box tivity from date of registration to 3/31/17 activity		July 26, 2017	
•	October 25, 2017	_	January 31, 2018 🗹	
	activity from 7/1/17 to 9/		ivity from 10/1/17 to 12/31/1	7
	een no fees received an ed, complete just this form ll.			
VI. Check if addit	ional reports are attache	d:		
	ceived fees or made expend		dendum A– Fees and Exp	enses
	id an honorarium or reimb	-	-	
lf you, your fir	m, or your family has mad	le political contributions,	you must file Addendum	C- Political Contributio
	Affirmation by Lobbyist		gg at a c	
	5, RSA 15-B, RSA 14-C ar e best of my knowledge an		swear or affirm that the for	regoing information is tru
1 10	- Court of the first the f		1/2 /20 Va	
(5:00 00 00 00 00 00 00 00 00 00 00 00 00	viat)		(Date)	
(Signature of tobb			(Date)	
	on on behalf of James Kok	uszyпа 		
(Print Name of lob	obyist)			RECEIVE

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FEB 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE